

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 15, 2003.

### I. DISPUTE

Whether there should be reimbursement for CPT codes 99213-MP, 97124, 97122, 99213-25, 97035, 99211-25, 97010, 97014, 97140-59, and 99211 for dates of service January 29, 2003 through June 6, 2003.

### II. FINDINGS

A review of the table of disputed service and submitted HCFA-1500 for date of service March 21, 2003 reveals the requestor billed CPT Code 97140-59 and CPT Code 97140 for date of service 4/14/03. This CPT code and modifier is not recognized in the 1996 Medical Fee Guideline; therefore, not eligible for review.

A review of the table of disputed services and submitted HCFA 1500 for date of service April 1, 2003 reveals the requestor duplicated CPT codes 99213 and 97124 on the table of disputed services, the HCFA 1500 reveals these CPT codes to be billed only once; therefore, these codes will not be reviewed.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
01/29/03 02/11/03 02/28/03 03/06/03 04/04/03 04/21/03 04/24/03 05/07/03 05/08/03 05/14/03 05/22/03 05/27/03	99213-MP	\$75.00 x 12 = \$900.00	\$0.00	N/F – Per TWCC Medicine Ground Rule IA 3, the initial physical medicine treatment plan by the HCP must be submitted to qualify for reimbursement of treatment.	\$48.00 x 12 = \$576.00	1996 MFG/MGR (I)(B)(1)(b)	Submitted treatment notes and treatment plan meet documentation criteria. Reimbursement in the amount of \$576.00 is recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
01/31/03 02/04/03 02/05/03 02/07/03 03/05/03 03/10/03 03/11/03 03/17/03 03/21/03 03/26/03 04/01/03 04/11/03 04/18/03 04/28/03 06/03/03	99213-25	\$75.00 x 15 = \$1,125.00	\$0.00	N/F – Per TWCC Medicine Ground Rule IA 3, the initial physical medicine treatment plan by the HCP must be submitted to qualify for reimbursement of treatment.	\$48.00 x 15 = \$720.00	1996 MFG/GI (VIII)(A & B)  1996 MFG/GI (III)	Modifier –25 is a significant, separately identifiable E/M service by the same physician on the day of a procedure above and beyond the other service provided and DOP is required. Submitted relevant information does not support significant and separately identifiable services. Reimbursement is not recommended.
01/29/03 01/31/03 02/03/03 02/04/03 02/05/03 04/01/03 04/28/03 05/01/03 05/07/03 05/08/03 05/14/03 05/19/03 05/22/03 05/27/03 06/03/03	97124	\$50.00 x 15 = \$750.00	\$0.00	N/F – Per TWCC Medicine Ground Rule IA 3, the initial physical medicine treatment plan by the HCP must be submitted to qualify for reimbursement of treatment.	\$28.00 x 15 = \$420.00	MFG/MGR (I)(A)(9)(b)	Submitted relevant information and treatment plan supports documentation criteria for 12 of the 15 dates of service, procedure was not documented on dates of service 1/29/03 and 2/5/03; relevant information was not submitted for DOS 5/19/03. Reimbursement in the amount of \$336.00 is recommended. (\$28.00 x 12)
01/29/03 01/30/03 02/03/03 02/05/03 02/07/03 03/10/03 04/01/03 04/21/03 04/24/03 04/28/03 05/01/03 05/07/03 05/08/03 05/14/03 05/22/03 05/27/03 06/03/03 06/06/03	97122	\$30.00 x 18 = \$540.00	\$0.00	N/F – Per TWCC Medicine Ground Rule IA 3, the initial physical medicine treatment plan by the HCP must be submitted to qualify for reimbursement of treatment.	\$35.00 x 18 = \$630.00	MFG/MGR (I)(A)(9)(b)	Submitted relevant information and treatment plan supports documentation criteria. Requestor billed \$30.00 per unit; therefore, reimbursement in the amount of \$540.00 is recommended. (\$30.00 x 18)

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
01/31/03 05/01/03	97035	\$30.00 x 2 = \$60.00	\$0.00	N/F	\$22.00 x 2 = \$44.00	MFG/MGR (I)(A)(9)(a)(iii)	Submitted relevant information and treatment plan supports documentation criteria. Reimbursement in the amount of \$44.00 is recommended.
03/10/03 04/24/03 05/19/03 06/06/03	97010	\$20.00 x 4 = \$80.00	\$0.00	N/F	\$11.00 x 4 = \$44.00	MFG/MGR (I)(A)(9)(a)(ii)	Submitted relevant information & treatment plan supports delivery of service for 3 of the 4 DOS, relevant information was not submitted for DOS 05/19/03. Reimbursement in the amount of \$33.00 is recommended (\$11.00 x 3).
03/17/03 04/04/03 04/21/03 04/24/03 04/28/03 05/07/03 05/08/03 05/14/03 05/19/03 05/22/03 05/27/03 06/03/03 06/06/03	97014	\$30.00 x 13 = \$390.00	\$0.00	N/F	\$15.00 x 13 = \$195.00	MFG/MGR (I)(A)(9)(a)(ii)	Submitted relevant information supports delivery of service for 12 of the 13 DOS, relevant information was not submitted for DOS 05/19/03. Reimbursement in the amount of \$180.00 is recommended (\$15.00 x 12).
05/01/03	99211-25	\$35.00	\$0.00	N/F	\$18.00	1996 MFG/GI (VIII)(A & B)  1996 MFG/GI (III)	Modifier -25 is a significant, separately identifiable E/M service by the same physician on the day of a procedure above and beyond the other service provided and DOP is required. Submitted relevant information does not support significant and separately identifiable services. Reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
06/06/03	99211	\$35.00	\$0.00	N/F	\$18.00	MFG/E&M Ground Rule (VI)(B)	Submitted relevant information & treatment plan supports documentation criteria. Reimbursement in the amount of \$18.00 is recommended.

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 97124, 97122, 99213-25, 97035, 99211-25, 97010, 97014, and 99211 in the amount of \$1,727.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,727.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf